Company Name: Mailing Address: City, State, Zip EPA ID #		HAZARDOUS WASTE CATEGORY 2004  (USING 2003 MANIFEST DATA)  REPORT DUE JULY 1, 2004  Maine DEP 's Toxics Program											
1.1 Hazardous Waste Code		Base Year 87/89	Base Year	1.5 2004 Amount (lbs)	2004	2004	1.8 2004 Reduction %	Waste Min. Code	Future Reduct.	Reduct. Goal	Product. Unit	2.4 Future Reduction Waste Min. Codes	Confidential
Total			0.00	0.00		0.00							

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- **2.5** Attach a brief (1 page) written explanation (Word Document if reporting electronically), as to why the facility's progress is greater than or less than, that anticipated in the Pollution Prevention (P2) plan's schedule for implementation, if this applies. This attached explanation will be the written dialogue section on the Toxics Program's Web page.
- **2.6 Attach a brief (1 page) written explanation** (Word Document if reporting electronically), of how the employees were "notified" and "involved" in the P2 planning process. Please refer to the Toxics Law or the Guidebook dated January 2003 for more information.
- **2.7 Confidentiality.** If any line items are confidential please enter the word TRUE in confidential column for the appropriate rows on Sheet 1. Note: Only line items with the word TRUE entered in the Confidential column will be considered confidential.
- 2.8 A copy of the report must be sent to the municipality in which the facility is located, by July 1, 2004.
- **2.9 Progress report certification:** As a Senior Management Official of the facility, I have personally examined this progress report and I certify, by initialing the "Yes" box below, that the information is complete and accurate. I also certify that a P2 Plan has been prepared, **updated** and is on site and available for the Department's inspection. P2 plans must be updated by **01/01/04** and every 2 years thereafter.

Yes, I certify that this report is complete and accurate, that the P2 plan has been prepared, **updated** and is available for inspection.

Please Print:
A. Last Name\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_Middle Initial \_\_\_\_\_

B. Title
C. Signature \_\_\_\_\_\_

D. Report Prepared by (if other than Senior Official) \_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_Ext\_\_\_\_\_

E. Facility Environmental Contact: (if other than Senior Official) \_\_\_\_\_\_\_Phone\_\_\_\_\_Ext\_\_\_\_\_\_

F. Environmental Contact's E-mail address \_\_\_\_\_\_\_

Submit by July 1, 2004 to: Jim Rodrigue, Manager
Toxics Program
Maine DEP
17 State House Station

Augusta, ME 04333-0017